Appendix B

Notice: You must have this form with you to be seen for your Appointment

NOTRE DAME WELLNESS CENTER

Wellness Center	Pharmacy
Monday - Friday **7:00 a.m. - 7:00 p.m.**	Monday - Friday **7:30 a.m. - 7:30 p.m.**
Saturday **8:00 a.m. - 12:00 p.m.**	Saturday **8:30 a.m. - 12:30 p.m.**
Football Weekends: **Saturday closed,**	Football weekends: **Saturday closed,**
Sunday 1:00 p.m. - 5:00 p.m.	**Sunday 1:30 p.m. - 5:30 p.m.**
P: 574.631.2371 F: 574.631.1278	**P 574.271.5622**

APPOINTMENT AUTHORIZATION

FOAPAL (Required): _____ _____ _____ _____
Fund Organization Account Program

Employee Name: _____ Date of Birth: _____

Department: _____

ENCOUNTER TYPE:

- ☐ DOT (CDL/Non CDL)
- ☐ TB Surveillance
- ☐ ND Business Travel
- ☐ Hepatitis B (vaccine/titer)
- ☐ Respiratory Surveillance/Fit Testing
- ☐ Other (Please List)

_____

TREATMENT AUTHORIZED BY:

PI/Supervisor Name: _____

Department: _____

Signature: _____ Date: _____

This form is not required for treatment of injuries

This form expires 30 days after the signature date